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KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION

LOAN APPLICATION

This Loan Program is Operated Jointly With
FIFTH THIRD BANK, Kentucky, Inc.
and KENTUCKY HOUSING CORPORATION

Contributing Partners

Developmental Disabilities Planning Council
Education Cabinet
Department of Workforce Investment
Office of Vocational Rehabilitation
KATS Network

Kentucky Assistive Technology Loan Corporation

PLEASE READ CAREFULLY BEFORE APPLYING

Thank you for requesting a loan application from the Kentucky Assistive Technology Loan Corporation. The information contained in this letter should help you complete the application process. Please feel free to call us if you need assistance or clarification.

What is the Kentucky Assistive Technology Loan Corporation (KATLC)?

The KATLC is a program funded by both private and public money to help Kentuckians with disabilities obtain assistive technology to improve their independence or quality of life. The program is managed by the KATLC Board of Directors.

Who can apply for a loan?

Any person who has been a resident of Kentucky for at least six consecutive months, and who either has a disability that permanently affects a major life activity, or is a parent, guardian or caretaker of a person with a disability. The purpose of the loan must be to purchase assistive technology to be used by the person with a disability.

A nonprofit organization that provides assistive technology to individuals with disabilities may also apply if they can demonstrate how the adaptive equipment will be used for their potential customers.

What can I borrow money for?

Assistive technology is defined as "any item, piece of equipment or device that enables an individual with a disability to improve his or her independence and quality of life." Examples may include hearing aids, computers, augmentative communication devices, wheelchair ramps, and van lifts. If you are not sure if the item you need qualifies under the program's guidelines, please ask.

How much money can I borrow, for how long, and what interest rate?

The minimum amount you can apply for is \$500; the maximum amount is \$25,000. All loans will be at a fixed interest rate of 5%. For **home modifications and environmental control devices**, low to moderate income individuals may qualify for a 4%, 5-year loan. (Please contact us for details and a different application if you would like to apply for the 4% loan.)

What if my credit record is poor, I don't have a job, or I receive funds from many sources?

KATLC, working in conjunction with their financial partners, is able to approve more loans than traditional loan programs because of our more lenient debt-to-income guidelines.

Who approves my loan?

KATLC reviews all applications for eligibility before forwarding to either Fifth Third Bank or Kentucky Housing Corporation. The lending institution then makes their decision to approve or deny the request. After financial eligibility is determined, the applicant will receive written notification within 7 calendar days.

How do I apply?

The following checklist is provided to help you through the application process. Please remember to be as complete and accurate as possible to prevent any delay in processing. These documents are often transmitted via fax and can be hard to read, so please type or write legibly.

Submit the following:

- ☐ **Kentucky Assistive Technology Loan Program Application**
- ☐ **Bank Credit Application** (attached).
(a separate KHC application is required for **4% home modification loans only**. Please call for application).
- ☐ **Verification of disability** (see page 2 of the KATLC application).
- ☐ **Itemized price quote for the specific item to be purchased.**
- ☐ **Photo ID.**

NOTE: Applicant may supply other supporting documentation such as an assistive technology assessment, recommendations from professionals, etc. to explain a need for assistive technology.

Please mail the completed application and attachments to:

**Nancy E. Hansen
KY Assistive Technology Loan Corporation
301 East Main Street, Suite 500
Lexington, KY 40507**

or you may **FAX** your application to **(859) 246-2545**

If you need assistance filling out these forms, alternative format, or if you want to check on the status of your application, please contact KATLC at the above address, or call **toll free 1-877-675-0195**.

Please direct all loan status inquiries to Nancy Hansen, Program Director.



FOR OFFICIAL USE ONLY

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Equal Services Provider M/F/D
Kentucky Education Cabinet
Department of Workforce Investment

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Describe the assistive technology device(s) and/or service(s) that will be purchased and how it/they will compensate for the limitations of the disability and improve the quality of life of the individual who will be using it (attach additional sheets if necessary):

VERIFICATION OF DISABILITY

(Submit **one** of the following)

1. A statement from a licensed, treating medical professional indicating how the disability substantially affects one or more major life activities.
2. Proof of enrollment in one of the following:
 - a. State vocational rehabilitation program;
 - b. Social Security Disability Insurance (SSDI);
 - c. Medicare enrollment based on disability;
 - d. Medicaid enrollment based on disability;
 - e. Veterans Administration enrollment based on current disability;
 - f. Educational services enrollment under an individualized family service plan or individualized education plan, or
3. Other proof of a disability that affects a major life activity as required by KRS 151B.50(6).

I certify, under penalty of law, that the information given in this application packet is correct and complete to the best of my knowledge. I authorize the Kentucky Assistive Technology Loan Corporation Board of Directors to make available to participating qualified lending institutions any and all information contained in this application and other pertinent material submitted with this application. I understand that this information will be used by the qualified lending institution to assist in determining my financial eligibility for a loan.

Signature of Applicant: _____ **Date:** _____

COMPLETION OF THIS SECTION IS VOLUNTARY. This information is collected for statistical reporting purposes only and will **NOT** be individually identified. Completion of this section is not necessary for consideration of the application.

Age of Person with Disability Who Will Be Using the Assistive Technology: _____

Gender: ____ male ____ female **Primary Language:** _____

Race: ____ American Indian/Eskimo/Aleut ____ Caucasian ____ Asian/Pacific Islander
____ African-American ____ Other

The Commonwealth of Kentucky and Kentucky Assistive Technology Loan Corporation do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the access to, application for, or approval of assistive technology loans.

